PTO/SB/17 (07-07)
Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818).				Complete if Known						
				Application Number	10/541,434					
FEE TR/	4L	Filing Date	Decen	December 08, 2005						
For		First Named Invento	r Roger	Roger Barrett et al.						
	1 07	Examiner Name	Previl	Previl, Daniel						
Applicant claims sma	(1.27	Art Unit	2612	2612						
TOTAL AMOUNT OF	PAYMENT	(\$)	\$0.00	Attorney Docket No.	21494	.016				
METHOD OF PAYMENT (check all that apply)										
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):										
Deposit Account Deposit Account Number: 03.3415 Deposit Account Name:										
For the above-identified	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
☐ Charge	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
I⊠ Charge	Charge any additional fee(s) or any underpayments of Credit any overpayments									
							Descride and the send			
WARNING: Information on Information and authorizat	ion on PTO-203	Become public 38.	. Crean ca	ra information should n	ot be inclu	ded on this form.	. Provide credit card			
FEE CALCULATION										
1. BASIC FILING, SEA										
	FILING F	EES Small Entity	SEAR	CH FEES Small Entity	EXAMIN	Small Entity				
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees Paid(\$)			
Utility	310	155	510	255	210	105				
Design	210	105	100	50	130	65				
Plant	210	105	310	155	160	80				
Reissue	310	155	510	255	620	310				
Provisional	210	105	0	0	0	0				
EXCESS CLAIM FEE Fee Description Each claim over 20 (incleach independent claim Multiple dependent claim	Fee (\$) 50 210 370 Multiple C	Small Entity Fee (\$) 25 105 185 Dependent Claims								
Total Claims	Extra Claim	s Fee (\$)		Fee Paid (\$)		Fee (\$)	Fee Paid (\$)			
- 20 or HP HP = highest number of total indep. Claims - 3 or HP HP = highest number of inde 3. APPLICATION SIZE If the specification and d 37 CFR 1.52(e)), the app. See 35 U.S.C. 41(a)(1)(C Total Sheets - 100	claims paid for, Extra Claim pendent claims FEE rawings excee blication size fe and 37 CFF Extra She	if greater than 2 is Fee (\$) x \$2 paid for, if greate ed 100 sheets ee due is \$250 \$1.16(s).	210.00 er than 3. of paper () (\$125 fo	= \$0.00 Fee Paid (\$) = \$0.00 excluding electronical resmall entity) for each each additional 50 or fraction or to the control of the contr	additiona	150 sheets or fr of <u>Fee (\$)</u>	action thereof. Fee Pald (\$)			
OTHER FEE(S) Non-English specification Other (e.g., late filing sur	n, \$130 fee	(no small enti		,		,	Fee Paid (\$)			
SUBMITTED BY	4.4	//	0							

SUBMITTED BY	11 .	111.				
Signature	Lave	Phille	Registration No. (Attorney/Agent)	22,479	Telephone	212-790-9200
Name (Print/Type)	R. Lewis Gable				Date	March 12, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) are application. Confidentially is governed by 39 U.S.C. 1.22 and 37 CFR 1.14. This collection is estimated to take 30 inholdes to Mark 1.25 and 1.25 CFR 1.14. This collection is estimated to take 30 inholdes to Mark 1.25 CFR 1.14. This collection is estimated to take 30 inholdes to Mark 1.25 CFR 1.2